

Effective Date: January 12, 2011

**CRITERIA FOR PRIOR AUTHORIZATION**

Quinine (Qualaquin®)

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug(s) require prior authorization:  
Quinine (Qualaquin®)

**CRITERIA for Quinine:** (must meet all of the following)

- Patient must be 16 years of age or older.
- Patient must have a diagnosis of uncomplicated *Plasmodium falciparum* malaria.

**Prior authorization will be approved for 7 (seven) days.**

**NOTE:** Qualaquin is **not** approved for the treatment of severe or complicated *P. falciparum*, prevention of malaria, or the treatment or prevention of nocturnal leg cramps.